

31-2E18C

157585

Please print, sign and return to the Department of Ecology



Water Well Report

Original - Ecology, 1st copy - owner, 2nd copy - driller

Construction/Decommission

☒ Construction☐ Decommission ORIGINAL INSTALLATION Notice of Intent Number _____

PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal
☐ DeWater ☒ Irrigation ☐ Test Well ☐ Other

TYPE OF WORK: Owner's number of well (if more than one) _____

☒ New well ☐ Reconditioned Method: ☐ Dug ☐ Bored ☐ Driven
☒ Deepened ☐ Cable ☐ Rotary ☐ Jetted

DIMENSIONS: Diameter of well 6 inches, drilled 330 ft.
 Depth of completed well 330 ft.

CONSTRUCTION DETAILS

Casing ☒ Welded 6 " Diam. from +15 ft. to 320 ft.
 Installed: ☐ Liner installed " Diam. from " ft. to " ft.
☐ Threaded " Diam. from " ft. to " ft.

Perforations: ☐ Yes ☒ No

Type of perforator used _____

SIZE of perfs _____ in. by _____ in. and no. of perfs _____ from _____ ft. to _____ ft.

Screens: ☒ Yes ☐ No ☒ K-Pac Location 319

Manufacturer's Name _____

Type Stainless Model No. Tele
 Diam. 6 Slot size 15 from 320 ft. to 330 ft.
 Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel/Filter packed: ☐ Yes ☒ No ☐ Size of gravel/sand _____
 Materials placed from _____ ft. to _____ ft.

Surface Seal: ☒ Yes ☐ No To what depth? 18 ft.Material used in seal BentoniteDid any strata contain unusable water? ☐ Yes ☒ No

Type of water? _____ Depth of strata _____

Method of sealing strata off _____

PUMP: Manufacturer's Name _____

Type: _____ H.P. _____

WATER LEVELS: Land-surface elevation above mean sea level 310 ft.Static level 291 ft. below top of well Date _____

Artesian pressure _____ lbs. per square inch Date _____

Artesian water is controlled by _____ (cap, valve, etc.)

WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? ☐ Yes ☒ No If yes, by whom? _____

Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Current

Notice of Intent No. W 177692Unique Ecology Well ID Tag No. ALA 578

Water Right Permit No. _____

Property Owner Name STUART YOUNGWell Street Address 194 ALEXIS LANECity COUPEVILLE County ISLANDLocation NE 1/4-1/4 NW 1/4 Sec 18 Twn 31 R 2 ☒ EWM ☒ K circle one

Lat/Long (s, t, r) Lat Deg _____ Lat Min/Sec _____

still REQUIRED) Long Deg _____ Long Min/Sec _____

Tax Parcel No. R 23118-384-2710

CONSTRUCTION OR DECOMMISSION PROCEDURE

Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated; with at least one entry for each change of information indicate all water encountered. (USE ADDITIONAL SHEETS IF NECESSARY.)

MATERIAL	FROM	TO
BROWN Gravelly Clay	0	24
" Comp Gravel	24	47
" Dirty sand	47	62
" Hard pan	62	68
" Comp Gravel	68	157
" Gravelly clay	157	169
" Clay	169	180
" Gravelly clay	180	194
" Silty sand	194	225
" Comp Gravel	225	292
" Sand/clay mix	292	308
Blue Water Gravel clay	308	319
Water Gravel	319	330

Well site meets all set backs
 under ICC 8.09

County Well Site approved
 For all set backs.

RECEIVED

OCT 07 2004

DEPT OF ECOLOGY

Start Date 9-20-04Completed Date 10.5.04

WELL CONSTRUCTION CERTIFICATION: I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

Driller/Engineer/Trainee Name (Print) Beryl BoonstraDriller/Engineer/Trainee Signature Beryl BoonstraDriller or trainee License No. 0038Drilling Company WHIDBEY WELL DRILLERSAddress 716 Holbrook RdCity, State, Zip Coupeville WA 98239

Contractor's

Registration No. WHIDBWD 9711 Date 10-05-04

Ecology is an Equal Opportunity Employer.

ECY 050-1-20 (Rev 2/03)

If TRAINEE,

Driller's Licensed No. _____

Driller's Signature _____